

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">09/889191</div>		FILING DATE			
						APPLICANT(S)					
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1		1				51				
2	1		1				52				
3	1		1				53				
4		2		1			54				
5		1		1			55				
6		1		1			56				
7		1		1			57				
8		1		1			58				
9		1		1			59				
10		1		1			60				
11		1		1			61				
12		1		1			62				
13		1		1			63				
14	1		1				64				
15		1		1			65				
16		2		1			66				
17		1		1			67				
18		1		1			68				
19		1		1			69				
20		1		1			70				
21		1		1			71				
22		1		1			72				
23		1		1			73				
24	1		1				74				
25		1		1			75				
26		2		1			76				
27		2		1			77				
28		1		1			78				
29		1		1			79				
30		1		1			80				
31		1		1			81				
32		2		1			82				
33		1		1			83				
34		1		1			84				
35							85				
36							86				
37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	5		5				TOTAL IND.				
TOTAL DEP.	34		29				TOTAL DEP.				
TOTAL CLAIMS	39		34				TOTAL CLAIMS				

BEST AVAILABLE COPY